2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749945

FILED Jan 20, 2009 Secretary of State

Entity Name: FLORIDA INTERSCHOLASTIC ATHLETIC ADMINISTRATORS ASSOCIATION, INC.

Current Principal Place of Business:			New Pr	New Principal Place of Business:			
15751 SHE PMB 128 DAVIE, FL	RDIAN STREE	Т	SUITE 1	V 43 ST. 02-192 SVILLE, FL 32606	US		
Current Mailing Address:				New Mailing Address:			
our one manning , tauress.							
15751 SHE PMB 128 DAVIE, FL	ERDIAN STREET 33331 US		SUITE 1	5200 NW 43 ST. SUITE 102-192 GAINESVILLE, FL 32606 US			
FEI Number:	59-3408661	FEI Number Applied For ()	El Number Not A	pplicable () C	ertificate of Status Desired	() t	
Name and	Address of Cu	ırrent Registered Agent:	Name a	nd Address of Nev	v Registered Agent:		
COLBY, MI 6225 HAWI DAVIE, FL	KES BLUFF AV	Æ	4523 NE	MICHAEL E 16 TER. WILLE, FL 32609	US		
The above in the State		ubmits this statement for the purp	ose of changin	g its registered offic	ce or registered agent, o	or both,	
SIGNATUR	RE:				01/20/2009		
	Electronic	Signature of Registered Agent			Date		
OFFICERS AND DIRECTORS:			ADDITI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () [STOLL, TOM 1704 POINT PLE BRADENTON, FL		Title: Name: Address: City-St-Zi _l	. ,	nange () Addition		
Title: Name: Address: City-St-Zip:	PD () [MASSEY, WILLI 1501 NW 15 CT. BOCA RATON, F		Title: Name: Address: City-St-Zi _l	MASSEY, WILLIAM 1501 NW 15 CT.			
Title: Name: Address: City-St-Zip:	RADER, JAY 2248 QUAIL RID	Delete GE SOUTH ARDENS, FL 33418	Title: Name: Address: City-St-Zi _l	, ,	nange () Addition		
Title: Name: Address: City-St-Zip:	TD ()[COLBY, MICHAE 6225 HAWKES E DAVIE, FL 3333	BLUFF AVENUE	Title: Name: Address: City-St-Zi _l	TD (X) Cł COLBY, MICHAEL 4523 NE 16 TER. p: GAINESVILLE, FL			
Title: Name: Address: City-St-Zip:	D ()E BALAZS, RONAL 8926 OLDE HICK SARASOTA, FL	(ORY AVE.	Title: Name: Address: City-St-Zi _l	. ,	nange () Addition		
Title: Name: Address: City-St-Zip:	D ()[STUTZKE, E. MIO 9001 SHARK BL' SEBASTIAN, FL	VD.	Title: Name: Address: City-St-Zi _l	CHILES, ANDREW 12500 NARCOOS	SEE ROAD		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL COLBY TD 01/20/2009